## RETURN COMPLETED FORM TO: DEPARTMENT OF THE INTERIOR IDFG EVALUATION REPORT ON NBC Aviation Management 300 E. Mallard Dr., Suite 200 CONTRACTOR PERFORMANCE Boise, Idaho 83706-3991 Facsimile No. 208-433-5030 \* Questions, call 208-433-5020 CONTRACT NO. USER CONTRACTOR ADDRESS CONTRACT PERIOD CITY/STATE/ZIP WORK LOCATION CONTRACT COR DESCRIPTION OF CONTRACT SERVICES PRIMARY MISSION(S): Please circle the number from each scale that best describes the level in which the Contractor supported the area described. Comments are helpful and substantiate either very high or very low ratings. If additional space is needed, please use page 2 of this form or attach additional page(s). A copy of this evaluation report is provided to the Contractor and may also be used in future evaluations of the Contractor's past performance. (N/A means: Not applicable) 1. Was the Contractor capable, efficient and effective in supporting the programs of the contract Support provided was extremely Support provided was very N/A inefficient, not effective, not capable capable, efficient and effective Comments 2. Did the Contractor's performance conform to the terms and conditions of the contract Performance did not conform to Performance conformed to N/A contract terms and conditions contract terms and conditions Comments 3. Was the Contractor and on site representatives professional, reasonable and cooperative during performance Not professional, unreasonable, and Very professional, reasonable and N/A 1 2 3 5 6 not cooperative cooperative Comments

4. Contractor and on site representatives committed to customer satisfaction										
Not committed to customer satisfaction	N/A	1	2	3	4	5	6	7	Very co	ommitted to customer ction
Comments										
5. Contractor and on site representati	ves attitud	le and e	efforts as y	vell a	s actual s	annlicati	on towa	ırds aircra	ft safety	
Safety compromises in both	N/A	1	2	3	4	.ppneau 5	6	7	Extrem	ely safety oriented and
orientation and actions	IN/A	1	2	3	4	3	U	/	actions	demonstrated same
Comments										
6. If given the opportunity, would you hire this Contractor again to accomplish a similar project										
Definitely not	N/A	1	2	3	4	5	6	7	Definite	ely
Comments	I							I		
* Additional comments to support your response to any item above. (Include additional page if needed)										
Name and Title of Individual										
Completing this Form Signature				Te	lenhone	Number				Date
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